


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  |   |                        |                        |
|--|---|------------------------|------------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |   | Application Number     | 10/597,528-Conf. #2352 |
|  |   | Filing Date            | July 28, 2006          |
|  |   | First Named Inventor   | William B. Pittard     |
|  |   | Art Unit               | N/A                    |
|  |   | Examiner Name          | Not Yet Assigned       |
| Total Number of Pages in This Submission   | 6 | Attorney Docket Number | 20171/1201691-US1      |

**ENCLOSURES** (Check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> <u>Supplemental</u> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC ( <b>Appeal Notice, Brief, Reply Brief</b> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br>PTO Form SB/08 |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;">Remarks</div>  |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | DARBY & DARBY P.C.  |          |        |
| Signature    |  |          |        |
| Printed name | Thomas R. Marquis   |          |        |
| Date         | March 13, 2007  | Reg. No. | 46,900 |